

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000069700

Entity Name: JOBON, INC.

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

330 S. MAIN STREET  
WILDWOOD, FL 34785 US

**New Principal Place of Business:**

**Current Mailing Address:**

330 S. MAIN STREET  
WILDWOOD, FL 34785 US

**New Mailing Address:**

FEI Number: 38-3683747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BONACCORSO, JOSEPH  
5350 C.R. 125  
WILDWOOD, FL 34785 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BONACCORSO, JOSEPH  
Address: 5350 C.R. 125  
City-St-Zip: WILDWOOD, FL 34785 US

Title: ST  
Name: BONACCORSO, CHARLENE  
Address: 5350 C.R. 125  
City-St-Zip: WILDWOOD, FL 34785 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLENE BONACCORSO

ST

03/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date